PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or <u>Fax</u>

(703) 746-4000

COLUMN COLUMN COLUMN	E ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of	of mailing can only be used for	or domestic mailings of the
7590 12/13/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
		A SEAS DII	C			
SUGHRUE MION ZINN MACPEAK & SEAS PLLC 2100 PENNSYLVANIA AVE NW WASHINGTON, DC 20037-3213 /15/2005 MBEYENE2 00000046 09481069				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
FC:2501	700.00 GP	MAR 1 1 2005 &				(Depositor's name)
\		2			· · · · · · · · · · · · · · · · · · ·	(Signature)
	/	ENT . SCHART			<u> </u>	(Date)
APPLICATION NO.	PPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/481,069	09/481,069		LEXANDER BA	R BAKMAN 21/99 A7934		5153
APPLN. TYPE nonprovisional	SMALL ENTITY ISSU YES \$;	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 03/14/2005
EXAMINER		ART UNIT	- I	CLASS-SUBCLASS	٦	
PAULA, CESAR B						
PAULA, C	LESAK B	2178		707-500000		
Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	tion form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
		F PRINTED ON TH	E PATENT (prin	t or type)		·
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	LIIdiviLD On in		· ·- ·/F ·/		
			ta will appear on substitute for file	** /	gnee is identified below, the d	ocument has been filed for
	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee da of this form is NOT a		** /		ocument has been filed for
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITED TO SOFTWARD	an assignee is identified be 37 CFR 3.11. Completion EE	elow, no assignee da of this form is NOT a (B) I	RESIDENCE: (CI	the patent. If an assigng an assignment. TY and STATE OR CO	DUNTRY)	
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI ECOTA SOFTW Please check the appropriate	an assignee is identified be 37 CFR 3.11. Completion of the completion of the completion of the component in the component in assignee category or category or category.	clow, no assignee da of this form is NOT a (B) I (B) I (B) I (B) I	Portsmou	the patent. If an assigng an assignment. TY and STATE OR CO th, NH Individual		
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI ECOTA Softw Please check the appropriate a. The following fee(s) are	an assignee is identified be 37 CFR 3.11. Completion of the completion of the completion of the component in the component in assignee category or category or category.	clow, no assignee da of this form is NOT a (B) I n ries (will not be print 4b. F	Portsmou	the patent. If an assigng an assignment. TY and STATE OR CO Ath, NH Individual	OUNTRY) Corporation or other private gro	
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIED ECOTA. Software Please check the appropriate at the following fee(s) are a subject to the same of the sa	an assignee is identified be 37 CFR 3.11. Completion of the completion of the completion of the component in	clow, no assignee da of this form is NOT a (B) I n ries (will not be print 4b. F	Portsmoured on the patent) Payment of Fee(s) A check in the	the patent. If an assigng an assignment. TY and STATE OR CO Ath, NH Individual (1) amount of the fee(s) is e	OUNTRY) Corporation or other private grandlessed.	
Ecora Softw Please check the appropriate 4a. The following fee(s) are of the same of the s	an assignee is identified be 37 CFR 3.11. Completion of the completion of the completion of the component in	clow, no assignee da of this form is NOT a (B) I (B) I ries (will not be print 4b. F	Portsmoured on the patent) Payment of Fee(s) A check in the payment by cree	the patent. If an assigng an assignment. TY and STATE OR CO Ath, NH Individual (1) amount of the fee(s) is edit card. Form PTO-202	OUNTRY) Corporation or other private grandlessed. 88 is attached.	oup entity Government
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITED ASSIG	an assignee is identified be 37 CFR 3.11. Completion of EE Vare Corporation assignee category or categorenclosed: mall entity discount permitted copies (from status indicated above	clow, no assignee da of this form is NOT a (B) I (B) I ries (will not be print 4b. F (cd)	Portsmoured on the patent) Payment of Fee(s) A check in the payment by cre The Director is peposit Account N	the patent. If an assign an assignment. TY and STATE OR CO Ath, NH Individual amount of the fee(s) is edit card. Form PTO-203 thereby authorized by umber 18-2220	Corporation or other private greenclosed. 88 is attached. charge the required fee(s), or (enclose an extra c	credit any overpayment, to opy of this form).
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNATE CONTROL SOFTM ECOTA SOFTM Please check the appropriate that The following fee(s) are the second sort of the sec	an assignee is identified be 37 CFR 3.11. Completion GEE Vare Corporation assignee category or categorenclosed: mall entity discount permittee Copies	clow, no assignee da of this form is NOT a (B) I ries (will not be print 4b. F ad) 20 21 22 23 24 25 26 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	Portsmouled on the patent) Payment of Fee(s) A check in the all Payment by cre The Director is beposit Account N	the patent. If an assign an assignment. TY and STATE OR CO Ath, NH Individual (1) amount of the fee(s) is edit card. Form PTO-203 hereby authorized by umber 18-222	Corporation or other private greenclosed. 18 is attached. 19 charge the required fee(s), or enclose an extra conduction of the conductio	credit any overpayment, to opy of this form).
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNATE CONTROL SOFTM ECOTA SOFTM Please check the appropriate ta. The following fee(s) are to the set of the s	an assignee is identified be 37 CFR 3.11. Completion GEE Vare Corporation assignee category or categorenclosed: mall entity discount permittee Copies	clow, no assignee da of this form is NOT a (B) I ries (will not be print 4b. F ad) 20 21 22 23 24 25 26 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	Portsmouled on the patent) Payment of Fee(s) A check in the all Payment by cre The Director is beposit Account N	the patent. If an assign an assignment. TY and STATE OR CO Ath, NH Individual (1) amount of the fee(s) is edit card. Form PTO-203 hereby authorized by umber 18-222	Corporation or other private greenclosed. 88 is attached. charge the required fee(s), or (enclose an extra c	credit any overpayment, to opy of this form).
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITED ASSIG	an assignee is identified be 37 CFR 3.11. Completion GEE Vare Corporation assignee category or categorenclosed: mall entity discount permittee Copies	clow, no assignee da of this form is NOT a (B) I ries (will not be print 4b. F ad) 20 21 22 23 24 25 26 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	Portsmouled on the patent) Payment of Fee(s) A check in the all Payment by cre The Director is beposit Account N	the patent. If an assign an assignment. TY and STATE OR CO Ath, NH Individual (1) amount of the fee(s) is edit card. Form PTO-203 hereby authorized by umber 18-222	Corporation or other private greenclosed. 18 is attached. 19 charge the required fee(s), or enclose an extra conduction of the conductio	credit any overpayment, to opy of this form).

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.